

REMOTE ACCESS SERVICE (RAS) ACCOUNT AGREEMENT

All Information must be typed (*computer generated for readability*)

Applicant Data:

Full Name (include middle initial) _____

Org. & Office Symbol _____ Title: Rank _____ Contractor _____ Civilian _____

Building/Room _____ Phone _____ Login Name _____

Computer/Workstation Name: _____

Only Edwards AFB registered, government or corporate approved / certified computing devices with the latest operating system patches and anti-virus signatures will be allowed to connect to the network.

Account Justification: _____

Services / Applications required (*i.e. Exchange/Email, JOCAS, CenterNET, File Share, Internet, ...*).

Email can be accessed via OWA from a commercial ISP.

This account will be effective from _____ through _____, or until terminated by the approval authority. Note: Account must be revalidated annually by the applicant's management.

As an authorized user of the Edwards AFB (RAS) Remote Access Service System, I am responsible for but not limited to:

1. Complying with information asset security controls as specified by the Air Force computer security regulations.
2. Keeping my RAS user name and password for my use only per AFMAN 33-223.
3. Using Air Force Resources only when authorized and for approved purposes.
4. Notifying a security administrator, via the IT Support Center (7-3444), of exposure, misuse, or non-compliant situations.

I am aware that all use of RAS is subject to monitoring. The RAS system administration office reserves the right to terminate an account without any prior notification or justification to the user or approval authority in the interest of national security and/or to maintain system integrity. I understand that violation of any of the above responsibilities may result in termination of my RAS account, and may be punishable under the UCMJ for military personnel. Violation by civilian employees or contract personnel may result in administrative disciplinary action without regard to otherwise applicable criminal sanctions for violations of related laws.

I have read the above policies and agree to adhere to all requirements stated.

Applicant Name (*Typed or Printed*)

Signature / Date

Applicant's Management Acknowledgement / Approval Data

Full Name _____ Org/Office Symbol _____

E-Mail Address _____ Phone Number _____

I acknowledge and certify member's / employee's official need for Edwards AFB network RAS access and approve applicant's conducting authorized government business via RAS. Additionally, I authorize use of my organizational telephone PIN code for reimbursement of the 800 number charges.

Commander / Director / Division Chief Name
(*Typed or Printed*)

Signature / Date